

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2016

through

M M M / D D D / Y Y Y Y Y Y
02 29 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 18 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2016 To: M M / D D / Y Y Y Y Y Y
02 29 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		3140767.55
(b) Cash on Hand at Beginning of Reporting Period.....	3114788.22	
(c) Total Receipts (from Line 19)	170698.96	199968.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3285487.18	3340735.59
7. Total Disbursements (from Line 31)	92646.41	147894.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3192840.77	3192840.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 02 / 29 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

61224.00

79311.50

(ii) Unitemized

8626.95

13541.18

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

69850.95

92852.68

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

69850.95

97852.68

12. Transfers From Affiliated/Other

Party Committees.....

100600.00

101600.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

248.01

515.36

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

170698.96

199968.04

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

170698.96

199968.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	306.41	1054.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	306.41	1054.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	139500.00
24. Independent Expenditures (use Schedule E)	7340.00	7340.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92646.41	147894.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92646.41	147894.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	69850.95	97852.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69850.95	97852.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	306.41	1054.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	306.41	1054.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lamont M Yoder RN, MBA, M

Mailing Address 6148 E Campo Bello Dr

City	State	Zip Code
Scottsdale	AZ	85254-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Gateway Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : 22992612

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. M. Michelle Hood FACHE

Mailing Address 43 Whiting Hill Road

City	State	Zip Code
Brewer	ME	04412-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Healthcare Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

Transaction ID : 22993384

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Vickie L Diamond RN, MS

Mailing Address 1233 East Second Street

City	State	Zip Code
Casper	WY	82601-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wyoming Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Transaction ID : 22993405

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael R Dunaway

Mailing Address 15081 Linden Drive

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Alliance of MidAmerica, The

Occupation

Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

Transaction ID : 22993453

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Andrew S Davidson

Mailing Address 4000 Kruse Way Place, Suite 2-100

City

Lake Oswego

State

OR

Zip Code

97035-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals and He

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2016

Transaction ID : 22993570

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Andy Van PeltMailing Address 4000 Kruse Way Place
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2016

Transaction ID : 22993571

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2875.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Andrea Easton

Mailing Address 258 Evergreen Road
#4

City State Zip Code
Lake Oswego OR 97034-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Associate VP of Government Affairs & A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2016

Transaction ID : 22993572

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Peggy Allen

Mailing Address 18839 Roundtree

City State Zip Code
Oregon City OR 97045-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2016

Transaction ID : 22993573

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms Kennedy Soileau

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City State Zip Code
Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2016

Transaction ID : 22993574

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Philip Schmidt

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City State Zip Code
Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Associate VP, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 22993575

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Lindell Joseph PhD, RN

Mailing Address 200 Hawkins Drive

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa College of Nursing

Occupation

Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : 22993889

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dr. Michael Gustafson MD, MBA

Mailing Address 1153 Centre Street

City State Zip Code
Boston MA 02130-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Women's Faulkner Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : 22994441

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Andrew S Freed

Mailing Address 29 Laurel Street

City

Melrose

State

MA

Zip Code

02176-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Director Member Relations and Informat

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 05 / 2016

Transaction ID : 22994442

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Anthony Stanowski

Mailing Address 830 Foxfield Road

City

Lower Gwynedd

State

PA

Zip Code

19002-2081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours Baltimore Health System

Occupation

Trustee

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 17 / 2016

Transaction ID : 22998588

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Ms. Mary Beth Kingston RN, MSN, N

Mailing Address 3877 Gradyville Road

City

Newtown Square

State

PA

Zip Code

19073-3960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Executive Vice President and Chief Nur

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 24 / 2016

Transaction ID : 23006890

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ryan K Smith

Mailing Address P O Box 1450

City State Zip Code
 Douglas WY 82633-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital of Converse County

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 16 2016

Transaction ID : 23006906

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Margo Karsten PhD, MSN,

Mailing Address 214 East 23rd Street

City State Zip Code
 Cheyenne WY 82001-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cheyenne Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 16 2016

Transaction ID : 23006907

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Amy J Hoey RN, BSN, M

Mailing Address 295 Varnum Avenue

City State Zip Code
 Lowell MA 01854-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 22 2016

Transaction ID : 23007231

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce Bertrand

Mailing Address 1 Stephanie Ann Lane

City	State	Zip Code
Sterling	MA	01564-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 23007232

Amount of Each Receipt this Period

262.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Winfield S Brown FACHE

Mailing Address 242 Green Street

City	State	Zip Code
Gardner	MA	01440-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 23007233

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mr. Anuj K. Goel

Mailing Address Five New England Executive Park

City	State	Zip Code
Burlington	MA	01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

VP of Regulations & Staff Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : 23007235

Amount of Each Receipt this Period

262.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kevin Tabb MD

Mailing Address 330 Brookline Avenue

City
Boston

State
MA

Zip Code
02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2016

Transaction ID : 23007238

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Patrick R Wardell

Mailing Address 1493 Cambridge Street

City
Cambridge

State
MA

Zip Code
02139-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambridge Health Alliance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2016

Transaction ID : 23007239

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Michael Hachey

Mailing Address 8 Comanche Terrace

City
Westford

State
MA

Zip Code
01886-1290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

Senior Vice President, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

MM / DD / YYYY
02 / 22 / 2016

Transaction ID : 23007240

Amount of Each Receipt this Period

262.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2312.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kim Norton Hollon FACHE

Mailing Address 680 Centre Street

City

Brockton

State

MA

Zip Code

02302-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature Healthcare Brockton Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 22 / 2016

Transaction ID : 23007241

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Edward Kelly

Mailing Address 14 Prospect Street

City

Milford

State

MA

Zip Code

01757-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Regional Medical Center

Occupation

Chief Executive Officer and President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 22 / 2016

Transaction ID : 23007321

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Karl Kussin

Mailing Address 51 Riverside Avenue

City

Concord

State

MA

Zip Code

01742-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

V.P., Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

02 / 22 / 2016

Transaction ID : 23007322

Amount of Each Receipt this Period

262.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1762.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 67
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanne Marqusee

Mailing Address P O Box 5001

City	State	Zip Code
Northampton	MA	01061-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cooley Dickinson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 23007323

Amount of Each Receipt this Period

562.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Christine C Schuster RN, MBA

Mailing Address 133 Old Road to Nine Acre Corner

City	State	Zip Code
Concord	MA	01742-9120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 23007324

Amount of Each Receipt this Period

562.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Laura D. Appel

Mailing Address 224 Vicksburg

City	State	Zip Code
Lansing	MI	48917-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Vice President, Federal Policy & Advoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007347

Amount of Each Receipt this Period

525.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Clark Ballard

Mailing Address 1601 Willoughby Road

City State Zip Code
Mason MI 48854-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007348

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert F Casalou

Mailing Address 620 Byron Road

City State Zip Code
Howell MI 48843-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Livingston Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007349

Amount of Each Receipt this Period

875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Anthony Denton

Mailing Address 1601 Newport Creek Drive

City State Zip Code
Ann Arbor MI 48103-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Hospitals and H

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007350

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 67
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David S. Finkbeiner

Mailing Address 85 Damon Road

City
HaslettState
MIZip Code
48840-9747FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Senior Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007351

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John T Fox

Mailing Address 3711 West 13 Mile Road

City
Royal OakState
MIZip Code
48073-6767FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaumont Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007352

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Christina Freese-Decker

Mailing Address 5562 Highbury Drive SE

City
AdaState
MIZip Code
49301-7738FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Health

Occupation

President, Spectrum Health Hospital Gr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007353

Amount of Each Receipt this Period

525.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David B Jahn

Mailing Address 500 Osborn Boulevard

City	State	Zip Code
Sault Sainte Marie	MI	49783-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

War Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007354

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Timothy Johnson

Mailing Address P O Box 130

City	State	Zip Code
Eaton Rapids	MI	48827-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eaton Rapids Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007355

Amount of Each Receipt this Period

262.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dr. Paul E LaCasse DO, MPH

Mailing Address 28050 Grand River Avenue

City	State	Zip Code
Farmington Hills	MI	48336-5919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaumont Hospital - Farmington Hills

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : 23007356

Amount of Each Receipt this Period

525.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1137.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marilyn Litka-Klein

Mailing Address 16930 Pine Hollow Drive

City State Zip Code
East Lansing MI 48823-9664

FEC ID number of contributing federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Sr. Director, Health Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007358

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Gwen Mackenzie

Mailing Address 5380 Woodland Estates Drive South

City State Zip Code
Bloomfield Hills MI 48302-2875

FEC ID number of contributing federal political committee.

C

Name of Employer

St. John Providence Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007359

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Chris J. Mitchell

Mailing Address 1262 Lake Side Drive

City State Zip Code
East Lansing MI 48823-2427

FEC ID number of contributing federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Manager, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007360

Amount of Each Receipt this Period

700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1575.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Peters

Mailing Address 3051 Crofton Dr.

City State Zip Code
 Dewitt MI 48820-7770

FEC ID number of contributing federal political committee.

C

Name of Employer
 Michigan Health & Hospital Association

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : 23007361

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Diane Postler-Slaterry PhD

Mailing Address 4000 Wellness Drive

City State Zip Code
 Midland MI 48670-2000

FEC ID number of contributing federal political committee.

C

Name of Employer
 MidMichigan Health

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : 23007362

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Robert G Riney

Mailing Address 125 Kenwood

City State Zip Code
 Grosse Pointe Farms MI 48236-3608

FEC ID number of contributing federal political committee.

C

Name of Employer
 Henry Ford Health System

Occupation
 President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : 23007363

Amount of Each Receipt this Period

525.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Seaman

Mailing Address 805 Ledge Moor Blvd.

City State Zip Code
Grand Ledge MI 48837-2037

FEC ID number of contributing federal political committee.

C

Name of Employer
Michigan Health & Hospital Association

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 23007364

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Ronald J Cork

Mailing Address 619 E Mayo St

City State Zip Code
O' Neill NE 68763-1151

FEC ID number of contributing federal political committee.

C

Name of Employer
Avera St. Anthony's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : 23007494

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Harold L Krueger Jr

Mailing Address 525 Main St

City State Zip Code
Chadron NE 69337-9400

FEC ID number of contributing federal political committee.

C

Name of Employer
Chadron Community Hospital and Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : 23007498

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 67
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ryan C Larsen FACHE

Mailing Address 2602 Schoenheit St

City

Falls City

State

NE

Zip Code

68355-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Medical Center, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 23007499

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Leslie Marsh ACHE

Mailing Address P O Box 980

City

Lexington

State

NE

Zip Code

68850-0980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 23007500

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Ms. Laura J Redoutey FACHE

Mailing Address 56640 716 Rd

City

Fairbury

State

NE

Zip Code

68352-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Hospital Association

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : 23007507

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas A Struyk CPA, LNHA

Mailing Address 14 Benson Drive

City

Wayne

State

NJ

Zip Code

07470-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christian Health Care Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

02 / 19 / 2016

Transaction ID : 23007769

Amount of Each Receipt this Period

975.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Karen Ali

Mailing Address 15 Sherbrook Drive

City

Princeton

State

NJ

Zip Code

08550-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel, Legal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 23007858

Amount of Each Receipt this Period

299.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John A DiAngelo

Mailing Address 105 Pancoast Place

City

Mullica Hill

State

NJ

Zip Code

08062-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 23007860

Amount of Each Receipt this Period

975.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2249.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth A. Ryan ESQ

Mailing Address 4 Brookside Drive

City

Bordentown

State

NJ

Zip Code

08505-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : 23007863

Amount of Each Receipt this Period

1625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Cheryl L Hoying PhD, RN, N

Mailing Address 3333 Burnet Avenue

City

Cincinnati

State

OH

Zip Code

45229-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati Children's Hospital Medical

Occupation

Senior Vice President, Patient Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : 23007959

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Ms. Shelly Dunham

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : 23010961

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michele Ryder MS-HSA, RN

Mailing Address 7720 SW 183 Terrace

City State Zip Code
 Palmetto Bay FL 33157-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baptist Hospital of Miami

Occupation
 AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23016711

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. William M Duquette

Mailing Address 975 Baptist Way

City State Zip Code
 Homestead FL 33033-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Homestead Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23016713

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jason H Moore

Mailing Address 2112 Doral Drive

City State Zip Code
 Tallahassee FL 32312-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tallahassee Memorial HealthCare

Occupation
 Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23016719

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Margie Atkinson

Mailing Address 3098 Robinwood Lane

City

Palm Harbor

State

FL

Zip Code

34684-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director, Pastoral, Ethics, Pallative

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016
Transaction ID : 23016731

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Douglas Rothermel CHESP

Mailing Address 3001 West Dr. Martin Luther King J

City

Tampa

State

FL

Zip Code

33607-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director of Environmental Services

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016
Transaction ID : 23016734

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Clint ShouppeMailing Address 45 Davis Blvd
#10

City

Tampa

State

FL

Zip Code

33606-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Manager Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016
Transaction ID : 23016736

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kyle J Barr

Mailing Address 2985 Drew St

City

Clearwater

State

FL

Zip Code

33759-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President Team Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23016738

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr Kevin Corrigan

Mailing Address 2948 Hillcreek Circle So

City

Clearwater

State

FL

Zip Code

33759-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Chief Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23021059

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms Janice East

Mailing Address 2021 Long Branch Lane

City

Clearwater

State

FL

Zip Code

33760-1960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23021060

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Kerr RN

Mailing Address 3103 Thackery Ct

City State Zip Code
 Plant City FL 33566-9540

FEC ID number of contributing federal political committee.

C

Name of Employer

South Florida Baptist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23021061

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Daniel Sweeney

Mailing Address 1706 Huntington Court

City State Zip Code
 Safety Harbor FL 34695-5635

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23021062

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Anne Condor

Mailing Address 2152 W Vina Del Mar

City State Zip Code
 St Pete Beach FL 33706-2842

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director Managed Care Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23021066

Amount of Each Receipt this Period

250.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eli Freilich

Mailing Address 1675 Coachmakers Lane

City State Zip Code
 Clearwater FL 33765-1735

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director, Clinical Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23042075

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr Lee Kirkman

Mailing Address 3952 Versailles Dr

City State Zip Code
 Tampa FL 33634-7425

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23042076

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms Cynthia Jones

Mailing Address 2920 Sanctuary Circle

City State Zip Code
 Lakeland FL 33803-5482

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Applications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23042078

Amount of Each Receipt this Period

500.00

☐ Memo Item

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1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Michael MikurakMailing Address 400 Beach Drive NE
Unit 703City State Zip Code
Saint Petersburg FL 33701-3065FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016**Transaction ID : 23042079**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Novak

Mailing Address 1705 Hintington Court

City State Zip Code
Safety Harbor FL 34695-5636FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016**Transaction ID : 23042081**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Tim Thompson

Mailing Address 16117 Suncrest Shores Dr

City State Zip Code
Odessa FL 33556-3223FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Vice President and Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016**Transaction ID : 23042082**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott KizerMailing Address 5340 W Kennedy Blvd
Unit 609

City	State	Zip Code
Tampa	FL	33609-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Vice President Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 23042084

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Delphine Ballard

Mailing Address 10414 Butia Pl

City	State	Zip Code
Tampa	FL	33618-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 23042085

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Dewey Mitchell

Mailing Address 8600 State Rd 54

City	State	Zip Code
New Port Richey	FL	34655-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 23042087

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy W Cook

Mailing Address 701 West Plymouth Avenue

City

Deland

State

FL

Zip Code

32720-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital DeLand

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23042088

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Johnson RN, MSN, N

Mailing Address P O Box 210

City

Clearwater

State

FL

Zip Code

33757-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Chief Nursing Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044953

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Jeffrey Held

Mailing Address 1880 Sharpe Lane

City

Dunedin

State

FL

Zip Code

34698-9238

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President Physician Srvc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044954

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James S Bacon

Mailing Address BayCare Health System

City	State	Zip Code
Clearwater	FL	33759

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Director Team Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 23044955

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr Thomas Garthwaite

Mailing Address 1124 Nature View Circle

City	State	Zip Code
Port Orange	FL	32128-7453

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 23044956

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms Sheila Johnson

Mailing Address 4824 Tea Rose Court

City	State	Zip Code
Lutz	FL	33558-9005

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Children's Hospital of Ta

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 23044958

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Jim McClintic

Mailing Address 219 13th Ave N

City

St Petersburg

State

FL

Zip Code

33701-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Rehabilitation Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044959

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Michael Magee

Mailing Address 9518 Eddings Rd

City

Odessa

State

FL

Zip Code

33556-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044967

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Tim McMahan

Mailing Address 1316 Preservation Way

City

Oldsmar

State

FL

Zip Code

34677-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044968

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Charles McPherson

Mailing Address 309 Quails Run Pass

City

Winter Haven

State

FL

Zip Code

33884-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044969

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Cindy Righter

Mailing Address 5016 Bridgeport Drive

City

Safety Harbor

State

FL

Zip Code

34695-4959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant North Bay Hospital

Occupation

Director, Quality and Hospital Divisio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044970

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Bruce Flareau

Mailing Address 5847 Long Bayou Way South

City

Saint Petersburg

State

FL

Zip Code

33708-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

Executive Vice President, Physician Sv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044973

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa Myrick

Mailing Address 637 Pinellas Bayway
Unit #110

City State Zip Code
Tierra Verde FL 33715-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer
BayCare Health System

Occupation
Director, Health Information Mnmgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044976

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Ronald J Colaguori

Mailing Address 1200 Seventh Avenue North

City State Zip Code
Saint Petersburg FL 33705-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Hospital

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044978

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Janice Polo

Mailing Address 4604 Vasconia St

City State Zip Code
Tampa FL 33629-8330

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044979

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City

Saint Petersburg

State

FL

Zip Code

33703-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044980

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Paula McGuinness

Mailing Address 14655 Village Glen Circle

City

Tampa

State

FL

Zip Code

33618-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044982

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Lou Galdieri RN, BSN

Mailing Address P O Box 760

City

Dunedin

State

FL

Zip Code

34697-0760

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mease Countryside Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044986

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly Guy

Mailing Address 17806 Ridgeway Ct.

City State Zip Code
Tampa FL 33647-2279

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Chief Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044988

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Keri Eisenbeis

Mailing Address 163 Barbados Ave

City State Zip Code
Tampa FL 33606-3502

FEC ID number of contributing federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044989

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Robert Costello

Mailing Address 601 Main Street

City State Zip Code
Dunedin FL 34698-5848

FEC ID number of contributing federal political committee.

C

Name of Employer

Mease Dunedin Hospital

Occupation

Director Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23044990

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms JoLinda Schrag

Mailing Address 231 39th Ave NE

City

Saint Petersburg

State

FL

Zip Code

33703-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director of Central Intake

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 23044991

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Arlene McGannon

Mailing Address 2011 Hawkhurst Circle

City

Sun City Center

State

FL

Zip Code

33573-7303

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 23045003

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr Tom L Davis

Mailing Address 12913 Red Cardinal

City

Odessa

State

FL

Zip Code

33556-5434

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director Facilities Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 23045004

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Gantner

Mailing Address 690 Island Way
Unit 404

City State Zip Code
Clearwater FL 33767-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045005

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Bianca Lenglet

Mailing Address 638 3rd St. N

City State Zip Code
Saint Petersburg FL 33701-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director, Patient Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045006

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dr. Mark Vaaler MD

Mailing Address P O Box 4227

City State Zip Code
Tampa FL 33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Vice President Medical Staff Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045007

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen R Mason

Mailing Address 16255 Bay Vista Dr

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045017

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr Mahesh Amin

Mailing Address 1802 Nottingham Lane

City

Clearwater

State

FL

Zip Code

33764-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045018

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jimmy Baumgartner

Mailing Address 2538 West Palm Drive

City

Tampa

State

FL

Zip Code

33629-7314

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director-Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045019

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas P. Inzina

Mailing Address 405 Buttonwood Lane

City State Zip Code
 Largo FL 33770-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BayCare Health System

Occupation
 Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23045020

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr Robert Carter

Mailing Address 1312 Mirror Ter. NW

City State Zip Code
 Winter Haven FL 33881-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winter Haven Hospital

Occupation
 Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23045021

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Mark Bostick

Mailing Address PO Drawer 67

City State Zip Code
 Auburndale FL 33823-0067

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BayCare Health System

Occupation
 Chairman, Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 23045022

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Donnelly RN, MSN

Mailing Address 2858 Gloria Ct.

City

Clearwater

State

FL

Zip Code

33761-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045024

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Lorraine Lutton

Mailing Address P O Box 4227

City

Tampa

State

FL

Zip Code

33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045025

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Sizemore RN, MA

Mailing Address 940 Hemingway Circle

City

Tampa

State

FL

Zip Code

33602-5980

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Vice President Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 23045026

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 67
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Deeb Salem

Mailing Address 800 Washington Street

City State Zip Code
 Boston MA 02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tufts Medical Center

Occupation
 Interim President & Chief Med Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 26 2016

Transaction ID : 23045103

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Eric Stastny

Mailing Address 67 Scott Rd

City State Zip Code
 Belmont MA 02478-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Emerson Hospital

Occupation
 Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 26 2016

Transaction ID : 23045105

Amount of Each Receipt this Period

262.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1012.50

61224.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : 23007992

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PACMailing Address 5510 Research Park Drive
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : 23026192

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Hospital Association Federal PACMailing Address 5510 Research Park Drive
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : 23027127

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100600.00

100600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 29 2016

Transaction ID : 23045795

Amount of Each Receipt this Period

248.01

☐ Memo Item

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.01

248.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 01 2016
Transaction ID : 23045816

Amount of Each Disbursement this Period

0.27

☐ Memo Item
Merchant Fees

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 02 2016
Transaction ID : 23045818

Amount of Each Disbursement this Period

110.80

☐ Memo Item
Merchant Fees

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 16 2016
Transaction ID : 23045825

Amount of Each Disbursement this Period

106.26

☐ Memo Item
Bank Fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

217.33

217.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Donovan For Congress

Mailing Address 440 Leverett Avenue

City	State	Zip Code
Staten Island	NY	10308

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel M. Donovan Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : 22993187

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gene GreenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : 22993188

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. PETEPAC: People for Enterprise Trade & Econ GrowthMailing Address 3686 King Street
#146

City	State	Zip Code
Alexandria	VA	22302

Purpose of Disbursement
2016 Contribution

Candidate Name

PETEPAC: People for Enterprise Trade & Econ GrowthOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : 22993189

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
2016 Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 386

City Clarence	State NY	Zip Code 14031
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Christopher CollinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : 22993190

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles	State CA	Zip Code 90048
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Ted LieuOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : 22993191

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma	State WA	Zip Code 98402
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Derek KilmerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : 22993192

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

City	State	Zip Code
San Bernardino	CA	92423

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete AguilarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994480

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin Patrick BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994481

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Paul Cook For Congress

Mailing Address PO Box 365

City	State	Zip Code
Yucca Valley	CA	92286

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul CookOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994483

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. French Hill For Arkansas

Mailing Address PO Box 7841

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement
Contribution

Candidate Name

Rep. French HillOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994486

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sandy M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994487

Amount of Each Disbursement this Period

1500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Donald Norcross For Congress

Mailing Address PO Box 160

City	State	Zip Code
Collingswood	NJ	08108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Donald NorcrossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994488

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mark PocanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994489

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address PO Box 25763

City Albuquerque	State NM	Zip Code 87125
---------------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

Candidate Name

LOBO PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994490

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition Political Action Committee

Mailing Address 700 13th Street N.W., Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

Candidate Name

New Democrat Coalition Political Action CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994491

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
2016 Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Garamendi For Congress

Mailing Address 1050 17th St Nw Ste 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Garamendi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994492

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City	State	Zip Code
Melbourne	FL	32941

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Posey

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994493

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. LaHood For Congress

Mailing Address P.O. Box 10735

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
Contribution

Candidate Name

Darin LaHood

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 18

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994494

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens For Rush

Mailing Address P. O. Box 7292

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bobby Lee RushOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : 22994495

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. McCollum For Congress

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
Contribution

Candidate Name

Rep. Betty McCollumOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : 22994496

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Walter Jones Committee

Mailing Address PO Box 3962

City	State	Zip Code
Greenville	NC	27836

Purpose of Disbursement
Contribution

Candidate Name

Rep. Walter B. Jones Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : 22994497

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Casey for Senate Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 30 South 15th Street
Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Sen. Bob CaseyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID : 22994499

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
2018 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Pat Toomey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Pat ToomeyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID : 22994501

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Pat ToomeyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID : 22994502

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora	State PA	Zip Code 16045
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike KellyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994503

Amount of Each Disbursement this Period

3000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick L. MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994504

Amount of Each Disbursement this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick L. MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994505

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Shuster For Congress

Mailing Address PO Box 27

City	State	Zip Code
Holidaysburg	PA	16648

Purpose of Disbursement
Contribution

Candidate Name

Rep. William Franklin ShusterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : 22994506

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael C. Burgess M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999784

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Tony Cardenas For Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City	State	Zip Code
Long Beach	CA	90802

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tony CardenasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999785

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City	State	Zip Code
Taylorville	IL	62568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rodney L. DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999786

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Dold For Congress

Mailing Address PO Box 6312

City	State	Zip Code
Libertyville	IL	60048

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob James Dold Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999787

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Forbes For Congress

Mailing Address PO Box 15100

City	State	Zip Code
Chesapeake	VA	23328

Purpose of Disbursement
Contribution

Candidate Name

Rep. J. Randy ForbesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999788

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kansans For Huelskamp

Mailing Address PO Box 410

City Fowler	State KS	Zip Code 67844
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim HuelskampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999789

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City Plano	State TX	Zip Code 75086
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sam Robert JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999790

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Erik PaulsenMailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie	State MN	Zip Code 55344
----------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Erik P. PaulsenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999791

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt SchraderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 22999792

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete SessionsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 22999793

Amount of Each Disbursement this Period

4000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Swalwell For Congress

Mailing Address P.O. Box 2847

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric M. SwalwellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 22999794

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. CBC PAC: Congressional Black Caucus PAC

Mailing Address 509 C Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2016 Contribution

Candidate Name

CBC PAC: Congressional Black Caucus PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999795

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Denali Leadership PAC

Mailing Address 16158 Essex Park Dr.

City	State	Zip Code
Anchorage	AK	99516

Purpose of Disbursement
2016 Contribution

Candidate Name

Denali Leadership PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999796

Amount of Each Disbursement this Period

3000.00

☐ Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

C. Follow the North Star FundMailing Address 316 E Hennepin Ave
Suite 201

City	State	Zip Code
Minneapolis	MN	55414

Purpose of Disbursement
2016 Contribution

Candidate Name

Follow the North Star Fund

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999797

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
2016 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PACMailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
2016 Contribution

Candidate Name

Lone Star Leadership PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 22999798

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
2016 Contribution

Full Name (Last, First, Middle Initial)

B. Huffman For Congress 2014

Mailing Address P.O. Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jared HuffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000098

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas Edmunds Price M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000099

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Gutierrez For Congress

Mailing Address 5310 W. Cullom Ave.

City	State	Zip Code
Chicago	IL	60641

Purpose of Disbursement
Contribution

Candidate Name

Rep. Luis V. GutierrezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000100

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Quigley For CongressMailing Address 2652 N Southport Avenue
Unit E

City	State	Zip Code
Chicago	IL	60614

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael QuigleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000101

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jan D. SchakowskyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000102

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement
Contribution

Candidate Name

Rep. John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 23000105

Amount of Each Disbursement this Period

1500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 23000106

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Dr Brian Babin For Congress

Mailing Address PO Box 159

City	State	Zip Code
Woodville	TX	75979

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brian BabinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 23000107

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Culberson For Congress

Mailing Address PO Box 41964

City	State	Zip Code
Houston	TX	77241

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Abney Culberson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000108

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Elect Blake Farenthold Committee

Mailing Address PO Box 3369

City	State	Zip Code
Corpus Christi	TX	78463

Purpose of Disbursement
Contribution

Candidate Name

Rep. Blake Farenthold

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000109

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. McCaul For Congress, IncMailing Address 815-A Brazos St
Pmb 230

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael T. McCaul

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000110

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Poe For Congress

Mailing Address P.O. Box 14222

City	State	Zip Code
Humble	TX	77347

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ted Poe

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000111

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marc Veasey

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 33

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : 23000112

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

85000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 67 OF 67
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00106146</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>					
Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address 210 W Pennsylvania Ave. Suite 250			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 6500.00		
City Towson		State MD	Zip Code 21204		Transaction ID : 23009905
Purpose of Expenditure Digital Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Rep. Kevin Patrick Brady			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address 1850 M Street, NW Suite 235			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 840.00		
City Washington		State DC	Zip Code 20036		Transaction ID : 23021836
Purpose of Expenditure Digital Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Rep. Kevin Patrick Brady			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7340.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7340.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Melinda Hatton</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		

[Electronically Filed]